

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 587723

FILING DATE

7.28.06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		1				
5	1					
6		1				
7	1					
8		1				
9		1				
10		3				
11		3				
12		3				
13		3				
14		1				
15	1					
16		1	1			
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49						
50						
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		←	16	←		←
TOTAL CLAIMS			19			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						